

Youth & Neighborhood Services
SUMMER CAMP
Registration Form

*Participants must be 6 years old and over to attend summer camp.

PLEASE PRINT

Name of Camp Site _____

Name of Participant: _____

Date of Birth: _____ **Age:** _____ **School** _____

Address: _____ **Zip Code** _____

City Resident _____ **Yes** _____ **No** _____

Day # _____ **Evening #** _____

Cell # _____

PARENT

Wavier for Participation: I understand that there are always risks involved participating in recreational activities. I acknowledge these risks and declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize the Lynchburg Parks and Recreation Division representatives to obtain emergency medical treatment for my child (if a parent is not available). In consideration of your accepting this registration, I hereby by my myself, my child, my heirs, executors and administrators, waive and release any and all right and claims for damages I may have against the Lynchburg Parks and Recreation Division or its representatives, successors, agents, sponsors, supervisors, and instructors of any and all injuries suffered by myself or my child at any activity sponsored by these groups. I am also aware and **agree** that my child may be photographed and/or interviewed by news cameras such as WSET and the News and Advance as they are often invited to cover our programs to help raise awareness and promote Youth and Neighborhood activities. I likewise release form responsibility, any person transporting my child to suspend my child from the program for violation of rules and cannot get refund if my child is suspended.

Signature of Parent: _____

(Parent/Legal Guardian if participant is under 18)

Date: _____

TEEN

I will respect the rules of Summer Camp program. I know that staff members are authorized to suspend me from the program for violation of the rules. I know that if I am suspended my parent(s) cannot get a refund.

Signature of Teen: _____

Date: _____

Please check the appropriate box below

_____ My child has no food allergies and may eat the snacks/meals provided at the summer camp program.

_____ My child does have food allergies and can not eat the following snacks or foods: